



May 21, 2020

Web Announcement 2205

Claims with Drug Details Submitted for Emergency Services Only (EMO) Benefit Recipients

Nevada Medicaid identified some claims in which the drug details paid erroneously for recipients who have the Emergency Services Only (EMO) benefit plan. Claims billed with a revenue code and a National Drug Code (NDC) improperly paid for the drug details and denied for non-drug, non-emergency services. All details of these claims should have denied as the recipient did not meet the emergent criteria.

Effective with claims processed on or after May 4, 2020, these claims will be suspended for review of the emergent service. Claims determined to be emergent will be forwarded for processing of the emergent service and the drug details. For claims determined non-emergent, the entire claim (the non-emergent service and the drug details) will deny.

The impacted claims processed on or after February 1, 2019, through May 4, 2020, that paid the drug details and are determined to be non-emergent will be automatically reprocessed for payment recoupment. A future web announcement will notify providers when the claims will be reprocessed.

Providers have the right to appeal denied or recouped claims, including those denied or recouped upon reprocessing. Please refer to [Medicaid Services Manual Chapter 100](#) and the [Billing Manual](#) for information concerning the claim appeal process and time frames.